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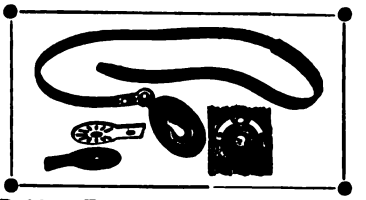

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The Palliative Treatment of Hernia.

BY JACOB GEIGER, M. D.,

Professor of Principles and Practice and Clinical Surgery in the Enaworth Medical College and Hospital, St. Joseph, Mo.; Professor of Principles and Practice and Clinical Surgery in the Marion-Sims Medical College, St. Louis, Mo.

[FROM A CLINICAL LECTURE.]

GENTLEMEN: We have already discussed the general subject of hernia, its various forms and the operative procedures indicated for its radical cure. We come now to consider its palliative treatment with bandages and trusses.

The occurrence of hernia is so frequent and the indications for its treatment so plain that we would expect, at a very early time in the history of our race, to find reference to this condition and means devised for the relief of its distressing accompanying symptoms. In this expectation we are not disappointed. The earliest literature of the profession deals with this very

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subject, and prehistoric remains point to the fact that before our profession had a literature, hernia was known and palliative treatment for it applied.

I wish to emphasize at the very outset, a fact long known but not sufficiently dwelt upon. That well adjusted palliative measures frequently become a means of radical cure, especially in recent cases or those when the hernial opening is not large.

The one indication in the palliative treatment of hernia is the prevention of the protrusion of the viscus involved. For this purpose trusses or bandages have been in use, as already mentioned, from very ancient times.

Trusses have been made of every conceivable material and in every style that ingenuity could devise.

Trusses may be divided into two classes: Belt-trusses, or those whose efficiency depends upon the tightening of a belt to prevent the descent of hernia, and spring-trusses which give pressure upon the external opening by means of their spring attachment. The latter only shall now receive our attention. The spring is made of wire or steel, covered with leather, ducking, hard rubber or celluloid. The pads may consist of ivory, amalgam, glass, wire, rubber, celluloid, beech, cedar or box wood, or of leather stuffed with hair, or wool or rubber filled with air or water.

The water pad is an ideal pad and is better borne than any other pad, making even pressure while still retaining the hernia. If made of a good brand of rubber they last a long time.

Some trusses are double, some single, some have concave surfaces, others convex; the varieties are infinite. Each variety of hernia requires a specially adapted truss for its retention, this being modified by the age, size, physical development and occupation of the patient.

Each individual should have two trusses: one, the spring, to be worn in the day time while engaged in ordinary pursuits, the other, an elastic appliance to be worn at night, or an elastic roller bandage with compress may be used.

The chief difficulty experienced in the fitting of a truss is in the regulation of amount of pressure. For the exact adjustment of pressure the ingenuity of inventors has been taxed for centuries. We have as yet no single truss possessing all the qualities requisite for the perfect retention of any and all forms of hernia, without professional adjustment.

It would be a herculean task to discuss the endless variety of trusses that flood the market, all of which possess some virtues. Let me for a few moments call your attention to a new, unique and efficient truss that has lately been called to my attention, manufactured by The Smith Co., of Topeka. Kas., and called Drs. Smiths' "Honest John" truss. The chief features recommending this truss are its retentive power, simplicity, durability, lightness and cleanness.

It is easily retained, readily adjusted and does not rust. The spring consists, as you see, of bronze wire which is quite flexible and can readily be shaped by the surgeon's hands to conform to the contour of the patient's body, about three-fifths of which it encircles. The outer third of the wire is covered with leather and curved so as to rest snugly at the point of

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junction of the muscles of the thigh and trunk, the extremeties of the wire being joined by a leather strap capable of being lengthened or shortened as desired. This position offers excellent advantages in the necessary movements of the body. While in the stooping posture the pressure is increased, an effect greatly to be desired. Increase of pressure also takes place when the patient lifts anything.

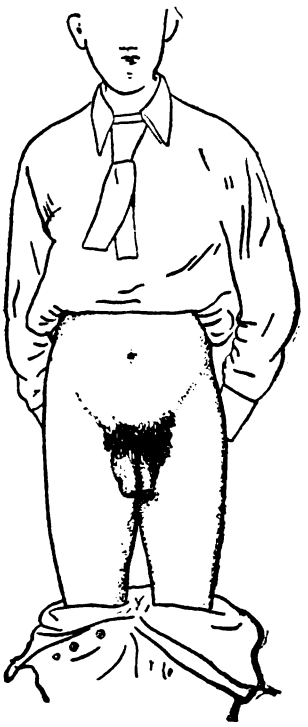

FIGURE 1.
Patient with Right Oblique Inguinal Hernia.

FIGURE 2.
A wrong position to find the amount of pressure required Retaining the rupture with the hand as here shown, concentrates the pressure at the external ring, and, therefore, requires more force to hold it than if held as in Figure 3.

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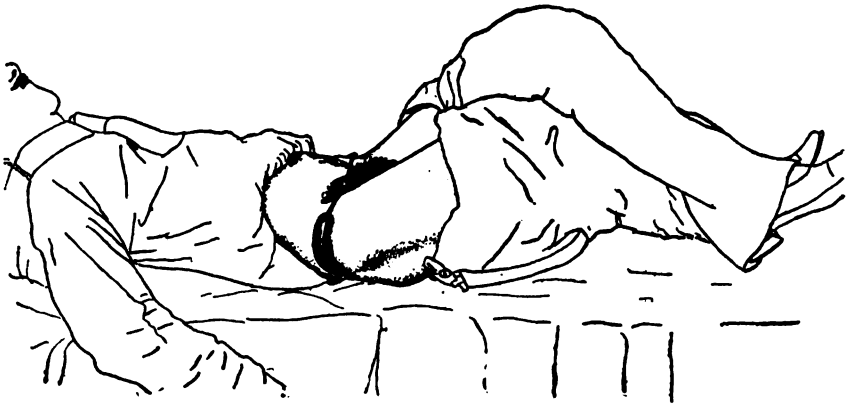

FIGURE 4.
The truss as adjusted to patient while in the recumbent position, previous to rising to his feet.

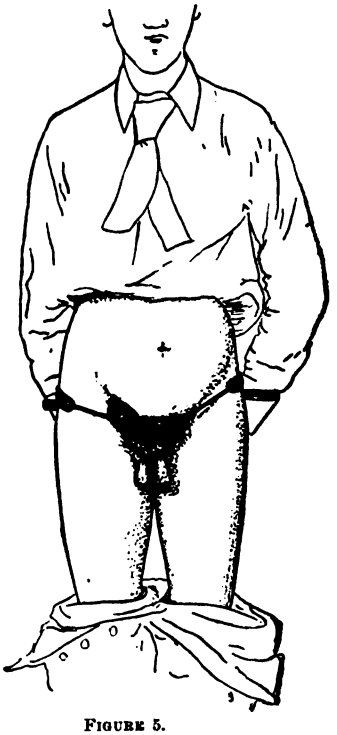

FIGURE 5.
Front view of truss applied showing the pad pressing entirely above the pubic bone. This closes the internal orifice of the hernia and places no pressure upon the spermatic cord.

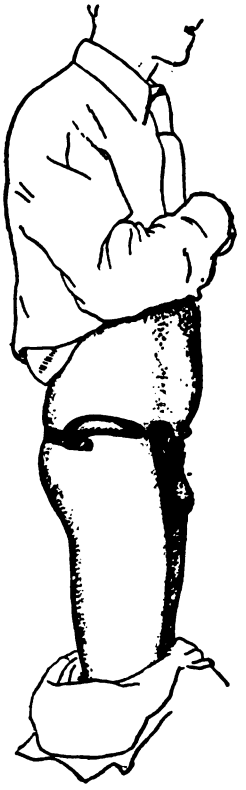

FIGURE 6
Side view of truss applied showing the position of one of the leather pieces at the sides that hold the truss in position and the back strap that extends around behind patient. Note how low the strap is behind and how high the pad is in front, thus giving a pressure squarely through the body and closes the inguinal canal upon itself.

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The pads are made of cedar and also rubber, filled with water. The pad is so arranged by a grooved screw adjustment in the stem of the pad that it can be easily moved along the wire, and thereby placed at any point or any angle desired.

We will now adjust one of these trusses to this young man, a sufferer from right oblique inguinal hernia of two years standing; the opening is small, and the patient being placed in the recumbent position, the protusion readily recedes. To make sure that the viscus is returned to the abdominal cavity, I pass my finger into the canal and being sure of its return, I apply the pad and mold and adjust the spring which you observe is readily and easily done.

FIGURE 3.

The proper position of the hand to ascertain the amount of pressure necessary to retain a rupture. As held by this position, the pressure is mainly at the internal abdominal ring, thus preventing the commencement of the descent of the hernia. This is the principle used in the pad of the truss.

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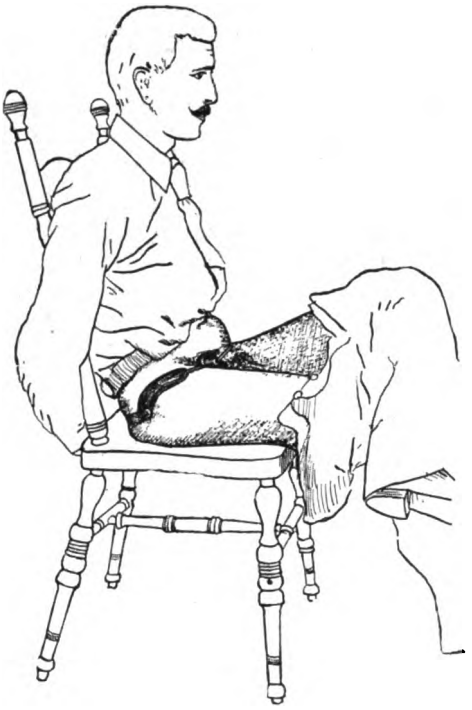

FIGURE 7.
Position of the truss while in a sitting posture.

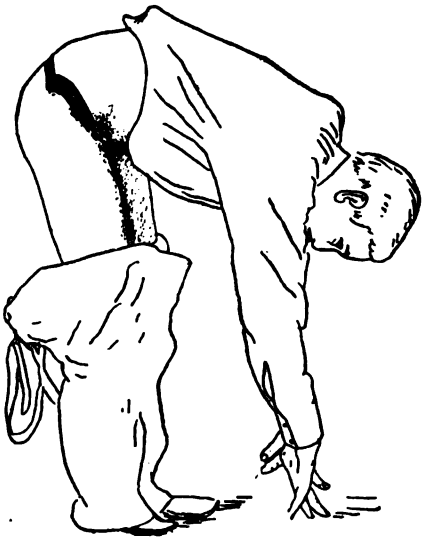

FIGURE 8.
Position of truss while in a stooping position.

I will now ask the patient to rise and request him to cough, strain, assume the stooping posture picking up objects from either side. Such exercise will give the instrument a fair test. If the hernia shows itself above or below the pad, I will bend the wire so as to cover the defect. You now see that the adjustment is correct and the instrument will be worn with perfect comfort.

I will pass several of these trusses around that you may examine them for yourselves, and recognize them when you may have need.

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The Medical Fortnightly

Remarks on Two Cases of Lamellar Cataract, and the Relation of Insufficiencies of the Ocular Muscles to Functional Nervous Diseases.

BY J. ELLIS JENNINGS, M. D.,

ST. LOUIS.

Late Clinical Assistant Royal London Ophthalmic Hospital, Fellow of the British Laryngological and Rhinological Association.

Read before the St. Louis Medical Society, March 24th, 1894.

I WISH to call your attention to two cases of lamellar cataract, and to lay stress upon the importance of delaying operative interference until the child is old enough to read, and until an accurate correction of any error of refraction has been made.

Case I. Arthur B., age twelve, has always had bad sight. Several oculists have been consulted, a diagnosis of cataract made and an operation advised. Ophthalmoscopic examination shows a typical lamellar cataract in each eye. The opacity is quite dense, but scattered between the opaque sectors are many clear spaces through which an indistinct view of the fundus may be obtained. The peripheral portion of each lens is clear and free from radiating lines.

This is a point of great importance, indicating that the opacity, in all probability, will remain stationary throughout life. From the ophthalmoscopic examination alone, one would unhesitatingly conclude that useful vision could not be obtained without resorting to operative means.

Vision { O. D. $\frac{6}{60}$ J 1 at 5 inches.
O. S. $\frac{6}{36}$ J 1 at 6 inches.

After careful refraction I obtained the following:

O. D. Sph.—1 D⌒cyl—3 D ax. 180° = $\frac{6}{9}$.

O. S. Sph.—0.75 D⌒cyl—2.50 D ax. 180° = $\frac{6}{9}$.

Case II. George R., age eight, has had defective vision since birth. Four years ago an oculist diagnosed lamellar cataract, and performed the operation of discission upon the right lens, with the intention of doing the left at a subsequent sitting. For some reason this was not done. When I saw the case the boy had thrown aside his aphakic glasses and was using the left, unoperated, eye for near and distant vision.

O. D. $\frac{6}{60}$ with sph+9 D = $\frac{6}{18}$.

O. S. $\frac{6}{60}$ with sph—1 D⌒cyl—1.50 D ax 180° = $\frac{6}{9}$ partly.

In other words, after the optical defects had been corrected, the unoperated eye had almost again as much vision as the eye from which the lens had been removed. Fuchs, in his Text-book on Ophthalmology, page 387 says: "Cataracts which are congenital or develop in childhood, should be operated upon as early as possible. Children can be subjected to the operation of discission with good results, at the age of a few weeks. If the cataract is not operated upon, the development of the retina is arrested and amblyopia ex anopsia is produced. Consequently, the good result of a cata-

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ract operation that is performed at a later date is comparatively small as far as vision is concerned."

Of course, a certain proportion of cataracts which are congenital or develop in childhood, are total opacities. No light enters the eye and the retina receives no stimulation. In these cases the sooner the obstruction to light is removed, the better.

But the vast majority of congenital or early cataracts are of the lamellar variety. Light enters the eye through the clear spaces between the opaque sectors, and although vision is dim, the patient is able to get about and see large objects.

The cases cited show that at the age of twelve and eight years, respectively, the retina was in a healthy and sensitive condition. They furthermore show that objectively we cannot estimate the visual acuity from the appearance of the opacity and that useful and often surprisingly good vision may be obtained by an accurate correction of the refractive error. Case II is particularly instructive; for here we have an example of both methods of treatment in the same case. At four years of age the right lens was removed and a high convex lens ordered for distance, and a stronger one for reading. Four years later we find that the boy has discarded his glasses and is using the unoperated eye for near and distant work. And although the density of the opacity preclude the thought, yet when the astigmatism has been corrected, the visual acuity becomes practically normal. In view of the above cases the following points are suggested:

1. That we cannot estimate the visual acuity from the density of the opacity.
2. Therefore, we should not operate until the child is old enough to read and until we have corrected any error of refraction.
3. That in so waiting we need not fear amblyopia ex anopsia.
4. That if we can secure working vision it is unwise to remove the lens.

THE RELATION OF INSUFFICIENCIES OF THE OCULAR MUSCLES TO FUNCTIONAL NERVOUS DISEASES.

Another subject of great interest, to which I desire to call the attention of the society is, The Relation of Insufficiencies of the Ocular Muscles to Functional Nervous Diseases.

The relation has received wide discussion since 1883, when George T. Stevens published his Memoir on Functional Nervous Diseases. The matter is summed up in the following proposition: "Difficulties attending the functions of accommodating and of adjusting the eyes in the act of vision or irritations arising from the nerves involved in these processes, are among the most prolific sources of nervous disturbances, and more frequently than other conditions, constitute a neuropathic tendency."

This neuropathic tendency may be inherited and depends not upon some mysterious general disturbance, but, in the vast majority of cases, upon an inherited local peculiarity. In considering the local peculiarities that may be inherited, one is at once struck with the rolé played by the organ of sight. The facial resemblance of members of the same family depend, in

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large part, upon the construction of the orbit, eyeball and neighboring part of the face. Thus a broad flat face is usually associated with a short eyeball; a narrow face, with a long eyeball, and an irregular face is suggestive of astigmatism. Then again, a want of muscular balance may be inherited, and all can recall instances where several members of the same family have squinted. Short eyeballs and unbalanced muscles sap the reserve store of nervous energy. If the patient enjoys good health and does not overtax the eyes, nature may struggle on uncomplainingly. But should, at any time, excessive demands be made upon the store of nervous energy, by sickness, grief, fright, etc., the exertion necessary to secure binocular vision will produce symptoms of nervous exhaustion. With these preliminary remarks, I wish to report the following case:

Mrs. Ada S., age 24, farmer's wife. Patient is a tall, slender woman of nervous temperament. She has suffered for the past ten years with frequent attacks of violent headache, pain in the back and nervous depression. She keeps to her bed for three or four days at a time. The headaches are brought on or made worse by reading or close work. She is irritable and cannot bear to meet strangers or be in a room where there are more than one or two persons.

Medicinal treatment has failed to relieve her distressing condition.

O. D. 6-24 with cyl—3 D ax 180° =6-6.

O. S. 6-24 with cyl—3 D ax 180=6-9.

An examination of the muscular equilibrium shows a left hypophoria, that is, the left eye is directed to a considerably higher level than the right. A prism, 16° base up over right eye brings the image on a level about three inches apart. Adduction is weak, as is shown by the difficulty in fusing the images. They fuse for a few seconds and then separate. The tendon of the right inferior rectus was divided so that the error was over corrected 3 degrees. Three days later there was still slight diplopia as shown by the tests.

Two weeks later I was very much gratified to find binocular fixation. The patient was much improved as to her general health, had had but one or two slight attacks of headache, and was pleased beyond measure with the result of treatment.

J. Ellis Jennings, M.D.

2942 Washington Avenue.

Dr. F. Raymond has been recommended by the Paris Faculty of Medicine for appointment to the Chair of Clinical Neurology, vacant by the death of Professor Charcot.

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Correspondence.

OUR FOREIGN LETTER.

DRESDEN, Feb. 28th, 1894.

Editor of the Medical Fortnightly:

DEAR DOCTOR:—During the month of February, a number of interesting cases presented themselves at the Frauenklinic, two of which I will mention. February 15th a Cesarian section, the patient a primipara, with a general contracted pelvis, the conjugata vera being 6½ cm. After being in labor for thirty hours, it was decided to operate. The abdomen having been opened, the tubes were found converging obliquely forward, which suggested the seat of the placenta posteriorly. Nevertheless a rubber tube was placed around the neck of the uterus, in case of hemorrhage. The operation up to the time the uterus was sewed up, lasted fifteen minutes. Mother and child are doing well. Leopold claims that when the placenta is situated anteriorly, the tubes run parallel with the axis of the uterus, and when posteriorly, as mentioned above. Sixty Cesarian sections have been performed by Leopold, with a mortality of the mother of 4½ per cent. Symphysiotomy is generally performed here, when the conjugata vera measures between 6½ and 7 cm. I think the exception in this case was due to the fact that a recent symphysiotomy was followed by a bladder disturbance.

The other case was a sarcoma of the ovary. The patient was thirteen years old. The diagnosis was based on the malignancy at that age, Leopold having seen three such cases before. A laparotomy revealed a large papillomatous growth of the right ovary, and extensive infiltration of the mesentery. Nothing further was done on account of the poor condition of the patient.

The technique of gynecological operations is taught in an excellent way. After being explained, the different methods are discussed and criticized, thereby making use of a large collection of plaster models. The Hegar-Simon method for complete laceration of the perineum gives splendid results. Lawson Tate's operation is considered not to meet the anatomical conditions. Obstetrical and gynecological courses, lasting six weeks, are at present given by the assistants. Dr. Wehle, the first assistant, is giving a good pathological course on the female generative organs. Some time ago while witnessing the opening of a pelvic abscess, we were summoned to attend a case of pregnancy. Before leaving the roon, we had to wipe our shoes on bichloride clothes, to prevent possible infection. With many regards, Yours respectfully,

P. L. Vander Veer.

Professor Rubner has been chosen to succeed the late Professor August Hirsch in the Chair of the History of Medicine in the University of Berlin.

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The Medical Fortnightly

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Editorial Department.

NEWS of Societies, and of interesting medical topics cordially invited. Write on one side of paper and be brief Address books, subscriptions, and communications to THE MEDICAL FORTNIGHTLY, 1006 Olive Street, St. Louis

Pollution and Purification of Water.

In a recent lecture before the alumni and students of the St. Louis College of Pharmacy, City Chemist Wm. C. Teichmann chose for his subject, "The Chemical Pollution and Purification of Water." The lecturer first mentioned the different sources of water-supply, and then discussed the several factors which enter into the pollution of water.

He said the crusade against wells in St. Louis was justified. The wells were filthy and contaminated with animal excretion. A public well at Fourteenth Street and Franklin Avenue contained twenty times as much chlorides as was consistent with the quantity established by the city commission. Nitrates were also present in five times the amount consistent with pure water. The same state of affairs was found to exist in private wells, but, in the minds of the people, clear water is pure water—hence, on account of the muddy condition of city water, people insist on drinking the polluted water from these wells after it had already been condemned as unfit for use. As regards the means of purification, he declared himself strongly in favor of sand filtration, and said it would probably be adopted by the city.

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Graduation Honors.

The triumphs of graduating-time are something to be proud of. With the active brains and earnest competition that exists among the medical students of the present day, the one who comes out "on top" deserves more of a recognition than he usually gets of it, and is justly entitled to all of the satisfaction which the praise and esteem of his teachers and friends afford him.

At the recent graduating exercises of the Missouri Medical College, we were happy to note the awarding of Professor Bauduy's prize to our ambitious young associate, Dr. Harry Wells. The occurrence fulfilled the expectations of his many friends who have been observant of his close application.

We learn that Dr. Michel Holder, brother of our friend and former classmate, Dr. A. B. Holder, was also especially successful in his graduating candidacy at the recent exercises of the Memphis Medical College, gaining first and second prizes on the graduating thesis, and also winning one of three special prizes offered by friends of the college.

Dr. Holder will shortly accept an appointment in the Marine Hospital Service at Memphis.

Medical Ills.

In a paper read before the St. Louis Medical Society, March 17th, 1894, Dr. Wm. V. Loftus spoke of some of the evils which, at present, attend the practice of medicine. The recent financial depression has affected the practice of medicine as much as the various commercial pursuits, but, the medical man being "patient and long suffering," the public has not been informed of the financial straights to which he has been subjected.

Our chief affliction was over-crowding. The large number of graduates annually turned out by the various medical colleges had increased the number of physicians untill it was already many times greater than was necessary for public demands, and many more times greater than was compatible with professional prosperity. We were also suffering from a too bountiful supply of medical colleges. There were many among the writer's medical friends who felt justified in taking advantage of any legal opportunity, which presented itself, for bettering their condition. So they would band together and establish a medical college with a free dispensary.

"Medical colleges, under proper restrictions, are one of the public institutions of which the people may be proud; but when they degenerate into private vehicles for the elevation of a few selfish individuals at the expense, and to the certain ruin of many—as is the case in this country—they become nuisances. Therefore, instead of organizing other medical colleges, let such of our brethren as have the means and ability, turn from the ignoble work and come to the rescue of the multitude of their associates who are being fatally stricken by the ills herein alluded to. Let it always be remembered, however, that bad as other influences are—and some of them are exceedingly bad—that none of them compare with the effect of medical colleges in malignancy, and as being the source from which

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emanates the pestilential scourge which is destroying the profession. They have become nuisances not to be regulated, but which require prompt and thorough abatement."

The writer, also, paid his respects to the "irregular practitioner" who, he said, have the same relation to the physician that outlaws, pirates, buccaneers, etc., bear to all law abiding people.

Central District Medical Society of Missouri.—The quarterly meeting of this Society was held at Sedalia, April 5th, the following members being in attendance: W. A. Braecklin, Higginsville; W. H. Cooper, Boonville; S. H. Cox, Pilot Grove; Samuel Conway, H. B. Cole, W. O. Dunlap, E. C. Evans, W. H. Evans, G. W. Mills, W. C. Overstreet, G. H. Scott, W. B. Scales, H. B. Scales, J. W. Trader and G. E. McNeil, Sedalia; Frank Devilbiss, Spring Garden; R. B. Fewel, Montrose; C. W. Head, Windsor; R. D. Haire, Schell City; H. W. Latham, Latham; J. M. Melvin, Cole Camp; J. L. Parish, Pleasant Green; S. H. Redmon, Tipton. President Cox presided, and Dr. H. L. Scales officiated as Secretary. The following new members were admitted: Dr. Monroe, of New Lebanon; Dr. J. F. Robinson, Superintendent of the Nevada Insane Asylum, and Dr. Gray, of California. The following papers were read: Dr. J. M. Dunlap, of High Point, "Old vs. New Treatment of Pneumonia"; Dr. W. H. Latham, of Latham, "Treatment of Peritonitis"; Dr. J. M. Melvin, of Cole Camp, "Placenta Previa, My First Case"; Dr. J. W. Trader, of Sedalia, "Relation of Pain to Diseased Action"; Dr. C.W. Head, of Windsor, Toxic Effect of Large Dose of Quinine"; Dr. S. H. Redmon, of California, "Report of Two Cases of Pesi Renal Abscess." THE MEDICAL FORTNIGHTLY was represented, and will, through the courtesy of the affable Secretary, Dr. Scales, shortly present an account of the transactions.

The Committee of Arrangements for the Forty-fourth Annual Meeting of the Illinois State Medical Society, to be held in Decatur on May 15th, 16th and 17th, 1894, extends a cordial invitation to all regular physicians in the state to be present. A programme of more than usual interest has been prepared, and it is desired that at this meeting the membership of the Society shall be greatly increased, so as to extend its benefits and influence to the large number of the regular profession in the state who have not yet become identified with the organization.

The Golden Belt Medical Association, covering Central Kansas, held its annual meeting at Abilene, April 5th and 6th. The following officers were elected for ensuing year: Dr. T. H. Murphy, Minneapolis, President; Dr. J. N. Ketchersid, Hope, Vice-President; Dr. H. H. Sutherland, Herrington, Second Vice-President; Dr. E. B. Lafevre, Abilene, Secretary and Treasurer. The Society passed strong resolutions favoring a strict medical law in Kansas.

The number of medical journals published in the United States is about 300. A corrected list may be obtained of the American Medical Publishers' Association, of which Chas. Wood Fassett is secretary.

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The Medical Fortnightly

Society Proceedings.

(OFFICIAL)

ST. LOUIS MEDICAL SOCIETY.

[STENOGRAPHICALLY REPORTED FOR THE MEDICAL FORTNIGHTLY]

W. H. FUCHS, M. D., Editor.

Stated meeting, Saturday evening, March 24th, 1894; Vice-President, Heine Marks, M. D., in the chair.

DR. J. ELLIS JENNINGS read two papers entitled, **"The Relation of Insufficiencies of the Ocular Muscles to Functional Nervous Diseases,"** and **"Remarks on the Treatment of Two Cases of Lamellar Cataract"**

DR. MURRELL thought that congenital cataract should not be operated upon in infants; nor before the child is able to run about, and then only in cases where vision would be very materially improved by the operation. The cataract is located on the posterior polar part of the lens, and its tendency is to grow as the child gets older, vision becoming progressively worse until finally all practical vision is excluded. An operation should not be done in these cases as long as the child can see to get about, and also not if by a careful ophthalmoscopic examination, which should always be made, we can get a distinct red reflex or see the blood vessels through the opacity. The condition known as amblyopia-exanopsia is not always due to the exclusion of light and the non-stimulation of the retina, but is often a congenital defect. This is proved by the defective vision remaining even after operation, and the restoration of the passage of the rays of light to the retina. If we have to deal with a soft cataract, matured to the capsule, in which all practical vision is shut off, operation should be done early in order to cultivate the retina as soon as possible. In reference to the connection between muscular insufficiencies and functional nervous diseases, the doctor thought the points well taken. He had taken the position, in a paper read before the American Medical Association, that insufficiencies are always accompanied by errors of refraction. If the insufficiency is small, it may be corrected by correcting the error of refraction, but for a considerable insufficiency we have to do more. He cited the case of a lady, who had received electric treatment at the hands of a specialist for a whole year, in whom the headache ceased entirely when he corrected a refractive error in the right eye by a half dioptre sph. lens. He thought that whenever there is headache and painful vision from muscular insufficiency in connection with neurasthenia, there is always a fault with the eye, and the fact that the patient gets better and then throws aside his glasses, is no proof that there was no fault of the eye.

DR. HUGHES thought it wrong to become too radical on this point. He believed that ophthalmology is but a department of neurology; that most of the patients requiring neurological treatment require treatment for the eyes, and, in recognition of this fact, he is in the habit of sending his patients to an ophthalmologist to have their eyes examined. If there is a

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defect he always advises its correction by proper glasses, or, need be, by operation, and he has seen benefits accrue from this procedure. But he has also noticed that the tonicity and development of the optic muscles was dependent upon neural integrity, and that when a patient is perfectly well, neurologically speaking, he can stand a good deal of defective vision. It is the neurasthenic, the morbidly impressible, the hereditarily unstable, or the patient of acquired nervous instability, who manifests these marked effects of ocular troubles, aside from the organic troubles which affect the eyes. He believes it good practice to care for every ocular defect, and has seen an amelioration of symptoms in neurotic cases as a result of their correction, but he has never seen a case of idiopathic epilepsy cured by such an operation as that performed by Dr. Stevens of New York, nor does he believe that this disease is ever developed, de novo, in persons not having the epileptic tendency. He cited the case of a patient who had troubled him a great deal, and who went to Dr. Stevens to have his eyes properly adjusted. This was done, but the condition of the patient did not change, and he ended his life by suicide. Another case, whom he had referred to Dr. Murrell, was a neurasthenic and had some defect of vision. The nervous trouble is considerably improved, and with this improvement the need of glasses is gradually disappearing.

DR. A. D. WILLIAMS said it is an interesting fact that lamellar cataracts are usually congenital. Only a few days ago he had examined a lady in whose family there were five cases of congenital cataract. Some years ago he operated upon a man, 36 years old, who was born blind. He got a fairly good result although the lens had totally obstructed the entrance of light. In this family there had been 19 cases of congenital cataract in three generations. He doubted the statement that amblyopia was the result of non-stimulation of the retina, but thought that it was a congenital defect. He thought that nerve troubles and deficiencies of the ocular muscles were closely allied in many cases, and that the use of properly adjusted glasses often resulted in relief of the nervous symptoms, but he believed that Dr. Stevens is an extremist on the subject of tenotomy.

DR. JENNINGS called attention to a reprint received from Dr. Ranney, of New York, in which he gives the history of 25 cases suffering with constant attacks of epilepsy. Large doses of the bromides did not keep the attacks in abeyance, but the patient ceased to have convulsions for from two to five years, when the medicinal treatment was stopped and the muscular defects corrected.

DR. H. POLLAK remembered the action of the New York Academy of Medicine, in appointing a committee to furnish material to Dr. Stevens, upon which to practice according to his theory for the cure of epilepsy. The committee furnished him 24 cases, and gave him a year to accomplish a cure, with the result that only one was cured. He performed graduated tenotomy.

DR. BREMER remembered the report of the 24 cases, referred to Dr. Pollak, and said that Dr. Stevens' method was not enly useless but harmful in some cases. The cases furnished Dr. Stevens were provided by neurologists, and were true cases of epilepsy. Some so-called cases of epilepsy

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are hysterical convulsions, and there may not be an element of epilepsy in the case. He considered the correction of deficiencies of the eye muscle absolutely necessary in nervous troubles, and frequently sends his patients to the ophthalmogists to have proper glasses adjusted. He recalled a particularly sad case of an hypochondriac melancholic, in whose family a strong hereditary tendency to mental troubles could be shown. He consulted Dr. Stevens, who assigned the trouble exclusively to the eye. The operations were performed at different times, but the patient was worse than before, as a cure had been promised. He then went to Chicago, where an operation was performed on the rectum. He became slightly improved, but learned later that it was due to morphine. He was a pharmacopeo-maniac, above all a morphino-maniac, and, fearing that he would become a victim to the opium habit, committed suicide with a pistol. While there can be no doubt that the patient, in some cases, is vastly benefited by an operation on the eye, even in cases of neuroses, the trouble is that operations are usually performed for nerve troubles of obscure origin.

Ichthyol.—Victor Cebrian (*Siglo Medico*, December 17th, 1893) has for more than a year treated every case of erysipelas, whether idiopathic or surgical, which has come under his care with ichthyol, without any other treatment, external or internal. He paints the affected parts morning and evening with collodion, to which ichthyol has been added in the strength of 10 per cent, the application being made so as to cover the healthy skin for an extent of 3 centimetres around the affected patch; the application is always made from healthy to diseased skin. The effect is to relieve tension, reduce temperature, and generally to subdue the symptoms of the disease. In 80 cases in which the author has used this method it has not failed once. When the varnish comes away the skin is left in a healthy condition, desquamation being trifling or none, and no roughness of surface being left. No bad effects of the treatment have been observed.—G. Colosanti (*Rif. Med.*, January 27th) has tried ichthyol in catarrhal conditions of the urethra and bladder. In cases of gonorrheal urethritis he used the drug in the form of injections of a watery solution (2 to 5 per cent). The following is a summary of his conclusions: (1) In cases of simple and gonorrheal urethritis ichthyol injections are very useful, inasmuch as by this means a remedy which easily and speedily destroys the vitality of the specific organisms of the disease is brought into contact with the urethral mucous membrane. (2) In addition to its bactericidal action the drug has an "antiphlogistic" and resolvent effect. (3) Its mode of action leaves no tendency to stricture. (4) It causes no pain, but, on the contrary, relieves any there may be, and is particularly valuable as preventing chordee and scalding in passing water. In cases of primary and secondary catarrh of the bladder Colosanti washed out the viscus with ½ to 1 per cent solutions of ichthyol. He found that by this means pain was relieved, micro-organisms were destroyed, and ammoniacal fermentation prevented. Further, the catarrhal condition of the mucous membrane was modified, and urinary troubles relieved.—*Brit. Med. Jour.*

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THE TRI-STATE MEDICAL SOCIETY OF IOWA, ILLINOIS AND MISSOURI, AT KANSAS CITY.

The regular semi-annual session of this Association convened at Kansas City, Mo., April 3d, continuing two days. The meeting was a success in every particular, and marked an era in the life of this young, vigorous, and prolific society of Western medical men. It is a working society, made up of the young men in medicine who, though fully aware of the existence of societies and associations innumerable in this and adjoining states, are nevertheless cognizant of the fact that a *working society*, broad and scientific, and ever ready to push to the front necessary and needed reforms in medicine, will find a place and thrive despite the cries of "too many societies" and "what is it here for?" The future history of this organization will answer this query. If predictions and forecasts are in order, THE FORTNIGHTLY will say that it promises to be to the Central Western states what the Mississippi Valley Association is to the Central Southern states. The Kansas City physicians have foreseen its future, and with the true characteristics of enterprising Westerners, wanted to be on the line when the strip was opened. They were there, as the hundreds of visiting doctors, who enjoyed their hospitality, can testify.

We bespeak for the October meeting, which convenes at Jacksonville, Ill., a repetition of the good work done in Kansas City.

TRI-STATEMENTS.

The reception tendered the members of the Society by Parke, Davis & Co., at their Kansas City Branch House, through their Manager, J. P. Reymond, was in keeping with the characteristics of this enterprising firm. Refreshments and music were first in order, after which a visit to their well-stocked store was made The representatives of the firm, Drs. Plummer, Whitmore and Wood and City Agent Kelly acting as escorts.

Dr. B. T. Whitmore, "the modest 210 lbs." "native of Omaha," was on deck looking after the interests of Parke, Davis & Co.

The evening reception tendered the Society, by Dr. and Mrs. J. P. Jackson, at their elegant home, was a charming act of hospitality and was greatly appreciated by the visiting members. Dr. J. N. Jackson assisted in the reception of visitors.

The climax of the very varied courtesies extended to the Tri-State members, was the banquet given at the Midland Hotel, by the physicians of Kansas City. A feast of viands, of wisdom, of wit and of music, which will long be remembered by the two hundred members and guests present. Dr. C. Lester Hall acquitted himself pleasingly, as toast-master, and the various toasts, some fifteen in number, were well taken; the responses being appropriate and oft times eloquent. When all had partaken to their heart's content and stomach's capacity, exercises closed with three rousing cheers for Kansas City and her physicians.

Dr. James Moores Ball, of The Tri-State Journal, our valued friend and contemporary, created lively discussion by the introduction of the subject of human vivisection.

The programme was an interesting one; a little too much surgery and not enough internal medicine to make the balance equal. Gynecology "held the fort" during the first day's session.

"Did it ever occur to you" that the Tri-State Medical Society had come to stay and that its members, the young medical men of the west, are "hustlers"?

THE MEDICAL FORTNIGHTLY was favorably received by the members, as the exponent of progressive medicine. We hope to add to and sustain this reputation.

Hon. Wm. Cowherd, Mayor of Kansas City, made the address of welcome.

"The Medical Herald" had a reporter at the meeting, and readers of that live journal may expect to see him give a good account of himself.

A large number of excellent papers were read and discussed, some of which will be reproduced in THE MEDICAL FORTNIGHTLY.

Clinics were held Wednesday morning, as follows: All Saints' Hospital, Dr. Halley; City Hospital, Dr. Cordier; St. Joseph's Hospital, Dr. Lanphear; Scarett Home, Dr. Crowell,

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Fortnightlettes

Small-pox has become epidemic in St. Paul.

The annual death rate of physicians is about 17 per cent.

Do not forget the meeting of the Missouri State Medical Association at Lebanon, May 15th.

Dr. J. W. Gardner, of Osceola, Mo., is one of the recently appointed Pension Examining Surgeons.

Dr. T. L. Winkler, of Kingfisher, Okla., has been honored by appointment as Pension Examining Surgeon.

Fifty per cent of the cases of aneurism which have come under the observation of Fraenkel have had syphilis.

Dr. D. B. St. John Roosa has presented his collection of otological books to the library of the New York hospital.

The Missouri State Board of Health has refused to recognize the diplomas of the Northwestern Medical College, of St. Joseph.

Dr. Archibald Church, the genial editor of the Chicago *Medical Recorder* was married March 28, to Miss Marzet Finch, at Maysville, Ky. Dr. and Mrs. Church are spending their honeymoon in the Bermudas.

The question as to the eligibility of women physicians for appointment on the Resident Staff of the City Hospital, is once more before the Appointing Board. We trust it may be amicably settled.

The following physicians have been recently licensed to practice, by the Illinois State Board of Health: L. S. Larimore, Springfield; E. D. Cowan, Forreston; E. S. Farris, Deer Creek; E. B. Fetherston, Ravenswood; O. L. Owens, Hersman; Wm. Plummer, Farmington.

Prof. Brown-Sequard died April 2, at his home in Paris. He was born in 1817, received his medical degree in 1846, from the Faculty of Medicine in Paris. He became eminent as a neurologist and physiologist, his reputation extending throughout the entire medical world. For a time he held the Chair of Neurology at Harvard University. His chief work was as a teacher and experimenter, although he was a very successful practitioner. The so-called "Elixir of Life" discovery was the great unscientific event of his remarkable professional life, and has done much to mar his otherwise brilliant career.

The International Congress of Hygiene and Demography. — Good progress is being made with the arrangements which are being made for this Congress, which will be held in Buda-Pesth at the beginning of September. The number of adhesions already received from foreign countries is considerable, and the papers actually promised from countries outside Austria-Hungary amount to 440, all but 78 dealing with hygienic questions. The prospects for the success of the Congress are so promising that the local committee have extended considerably the list of excursions. Fuller details will be published at a later date.

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Medical Melange

It is always well to combine a bromide with chloral hydrate. Chloral increases the reflex irritability, which the bromide will prevent.—*Hare.*

President W. H. Evans, of Sedalia, expects a goodly attendance at the State Association meeting at Lebanon, May 15th. Let all attend who can.

The Treatment and Cure of Chancre with Peroxide of Hydrogen.—Worster (*Journal of Cutaneous and Genito-Urinary Diseases*) calls attention to the value of peroxide of hydrogen in the treatment of chancres, and reports three cases which seem to establish his assertions. The peroxide (Marchand's) is used in full strength, in the form of a spray projected against the lesion with a cylinder pressure of sixty pounds. The pressure of the spray is the most important factor, though it is also necessary that all instruments, spray-tubes and bottles be either glass or hard rubber. One of the cases reported "presented the worst features of phagedena," but healed rapidly under the application of this method.

An Epidemic of Priapism is a recent medical curiosity related by a French army surgeon. The troops, while marching through Northern Africa, halted at a station where nearly all the men were seized with prolonged and painful erections, followed by lassitude, dryness of the throat and finally, in some cases, by hematuria. Investigation showed that the men had eaten freely of frogs killed on the banks of a neighboring stream. Over the stream hung willow and poplar trees upon whose branches were numerous insects of the family of cantharides. These insects fell into the stream, were eaten by the frogs, and the frogs in turn were eaten by the soldiers. The taste of the flesh of the frogs was said to have been in no way affected by their aphrodisiac diet.—*Northwestern Lancet.*

Pregnancy Mistaken for a Cyst.—Dr. Monod, before the Surgical Society of Paris, related the case of a young woman, twenty-four years of age, who was operated on by Dr. Reverdin, for an enormous cyst of the ovary. After the operation she recovered very quickly. Nineteen months later she again presented herself on account of a rapidly increasing enlargement of the abdomen. On examination there was a globular tumor reaching nearly to the umbilicus. The cervix was mobile and not altered. Fluctuation was easily obtained on palpation. It was supposed that a new cyst was forming, and an operation was decided on. The abdomen was opened, and old adhesions, the result of the previous operation, were broken up, the tumor was pulled forward, and was thought to be a cyst of the parovarium. A little incision was made into the tumor, which was followed by an escape of fluid and then a mass which was recognized as the umbilical cord. It was not until then that it was recognized that the tumor was a gravid uterus, and that it contained a four months' fœtus with its placenta. The adhesions, the result of the previous operation, had so displaced the uterus and compromised its nutrition that hysterectomy was decided on and done. The patient made an excellent recovery.—*N. Y. Med. Rec.*

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The State Medical Association of Mississippi concluded its annual session April 6th. The meeting was held at Jackson and was well attended. The following officers were elected for the ensuing year: Dr. P. W. Roland, Coffeyville, President; H. Harlson, Forest, Secretary; B. L. Cully, Jackson, Corresponding Secretary; T. R. Henderson, Greenwood, First Vice-President; J. W. Gilbert, Verona, Second Vice-President. The retiring President was presented with a gold-headed cane.

Cost of Food in Different Countries.—According to some recent statistics on the cost of living, an Englishman spends on an average, $48 a year for food; a Frenchman, $47; a German, $42; a Spaniard, $33; an Italian, $24; and a Russian, $23. Of meat the Englishman eats 109 pounds a year; the Frenchman, 87; the German, 64; the Italian, 26; and the Russian, 51. Of bread the Englishman consumes 380 pounds; the Frenchman, 540; the German, 560; the Spaniard, 480; the Italian, 400; and the Russian, 635.

The Congress of American Physicians and Surgeons will meet in Washington, D. C., May 29th, 30th, 31st and June 1st, 1894, and the Big Four Route from both St. Louis and Chicago to Cincinnati, in connection with the Chesapeake and Ohio Railway from Cincinnati to Washington, will make special rates and arrangements for the delegates to the convention. The rate for the round trip has not yet been definitely settled by the various lines in interest, but the special rate by the Big Four Route and Chesapeake and Ohio Railway will positively not be more than one and one-third fare for the round trip, and may be less. The one way rate by the Big Four and C. & O. from St. Louis to Washington is $19.25, and from Chicago to Washington is $17.50. On May 26th, 27th, and 28th one-way tickets will be sold at these rates, and with each ticket will be given a certificate that will secure the holder a return ticket from Washington at one-third of the regular limited rate at any time within three days after the meeting adjourns. The Big Four Route and Chesapeake and Ohio Railway is beyond all question the most comfortable, picturesque and desirable route from the west to the National Capital. The time is as quick and the service unequalled by any other line. All trains are vestibuled throughout, lighted by electricity and heated by steam, and carry the latest pattern of elegant day coaches with through Pullman sleeping cars and dining cars. The scenery along the upper Ohio, the Kanawha, through the cañons of the New River, and among the peaks of the Blue Ridge and Allegheny Ranges, is beautiful beyond description. The route should be particularly interesting to physicians, as along the line of the C. & O. are located many health and pleasure resorts famous among the profession for over a hundred years for their curative and recuperative qualities. Amongst them are White Sulphur Springs, Old Sweet Springs, Rockbridge Alum Springs, The Hot Springs of Virginia, Buffalo Lithia Springs, Old Point Comfort and many others. Arrangements will undoubtedly be made to allow those who wish to do so, an opportunity to stop over at any of these resorts. For further particulars, maps, etc., or for a copy of "Virginia in Black and White," address E. B. POPE or W. F. SNYDER, Western Pass. Agents, Big Four Ticket Office, Corner Broadway and Chestnut, St. Louis, Mo.

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Too Many Doctors?—We have not too many doctors. If the number were less the standard of prefessional attainments would be lowered rather than raised, and the grand workings of that fundamental law, sublime in its severity, "the survival of the fittest," would be seriously interfered with, to the detriment of both the profession and the people. Only the lower steps of the ladder of professional eminence are crowded, and those who have sufficient courage to continue the ascent, however steep and difficult it may prove, will surely find recognition and success awaiting them at the summit.

American Medical Publishers' Association.—The annual meeting of this association will be held at White Sulphur Springs, West Va., Friday and Saturday, August 3d and 4th, 1894. The annual dinner will be given in the evening of the first day. A number of practical papers are being prepared, bearing upon subjects of interest to every one engaged in medical publishing. The above dates have been selected as a time when most business men can best spare a few days for a pleasure trip, and reduced rates having been secured at the hotels for members and their families, it is hoped that this meeting will be one of congeniality as well as of business interest. A special meeting has been called for June 4th, at San Francisco, in the Palace Hotel, at 1 P.M. sharp, for the transaction of special business. It is hoped that all publishers attending the A. M. A. will make it a point to be present at this meeting. (Medical and pharmaceutical journals are requested to copy the above in next issue.)

CHARLES WOOD FASSETT, Secretary.

The American Medical Publishers Ass'n is prepared to furnish carefully revised lists, set by the Mergenthaler Linotype Machine, and printed upon adhesive paper, for use in addressing wrappers, envelopes, postal cards, etc., as follows:

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Reports on Progress.

SURGERY—ABDOMEN.

BY H. N. LYON, M. D.,

ST. LOUIS.

Abdominal Section for Acute Intestinal Obstruction Due to Multiple Hydatid Cysts; Removal of the Cysts; Recovery—

Mr. J. Hutchinson, Jr., (*British Medical Journal, January 13, 1894*). This case, interesting because of the rarity with which subperitoneal hydatid cysts produce symptoms of acute obstruction, was reported before the Royal Medical and Surgical Society on January 9th, 1894. The patient, aet. 53 at the time of his attack, had at the age of thirty suffered from ascites, which was cured by one tapping. Three days before the operation he was suddenly seized with abdominal pain, frequent vomiting, constipation, hiccough, etc. A ventral hernia lying above the umbilicus was supposed to be the seat of trouble, from strangulation, as no other cause could be assigned. Although at the time palpation per rectum and through the anterior abdominal wall disclosed two hard tumors, upon abdominal section three hydatid cysts projecting from the peritoneum of the mesentery, extending in a row from the right of the umbilicus to the recto-vesical pouch, in which the largest of the three seemed impacted, were discovered. The cysts were of an ivory whiteness and cartilaginous hardness, the walls having a thickness of one-third of an inch, and contained numerous daughter-cysts, in part calcareous. The largest, the one impacted in the recto-vesical pouch was the size of a goose's egg. The possible deposition of the hydatids in the abdomen at the time of the attack of ascites, was suggested and the unusual occurrence of live hydatids in such thick walled cysts was remarked upon.

Thoracic Cavity—Wound of the Pulmonary Artery—

Mr. Patrick T. O'Sullivan, M. B., F. C. A., reports from the South Charitable Infirmary and County Hospital, Cork, an interesting case of puncture wound of the pulmonary artery. A well developed muscular man during a drunken family squabble, received several stab wounds, among them, one opening externally in the second left intercostal space, three-quarters of an inch from the border of the sternum. He lived thirty-seven hours after the infliction of his wounds, and on post-mortem examination, it was found that the intercostal wound had incised the anterior border of the lung and opened the pericardium. Of greatest interest, however, was the finding of a wound three-eighths of an inch long in the longitudinal axis of the pulmonary artery. The traction of the elastic fibres of the arterial coats and adhesive inflammation had practically closed the wound, death however, would certainly have occurred sooner had its direction been transverse instead of longitudinal, as the retraction of the edges would have allowed a freer flow of blood.

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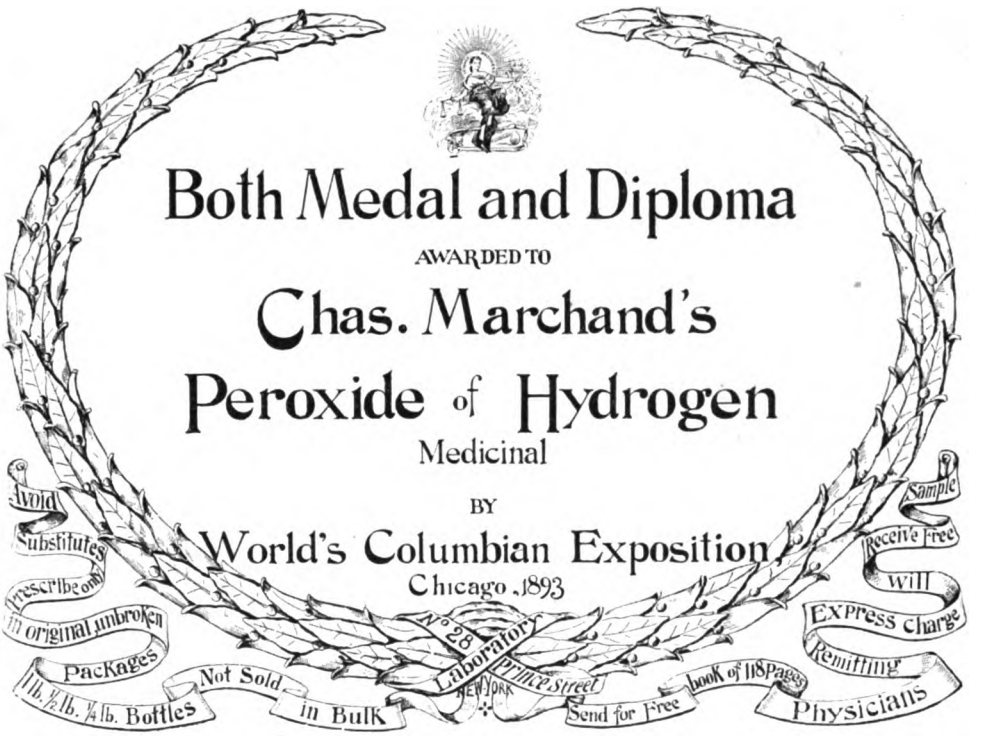

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The McIntosh Battery Co. has a word to say to the profession, in this number, and it will pay our readers to look it up.

Celerina is indicated in nervous dyspepsia, accompanied by severe headache, nausea, acute pain in the epigastrium, etc.

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We have received from Boaz and Hesse, 42 Luisen strasse, Berlin, a set of Dr. Buzzi's charts which are intended to assist dermatologists in keeping a complete record of cases. The different parts of the body are represented in their different aspects, and by making the lesions on these diagrams the physician saves himself much time, and also has an accurate record of his case. They are to be especially recommended in hospital practice.

Whiskey for Medicinal Purposes should be absolutely reliable. The E. L. Anderson Distilling Company, of Newport, Ky., has taken measures to insure the unvarying integrity of their famed brands of whiskies by selling *only to the consumer*, and avoiding opportunities for adulteration by the jobbers, wholesalers and retailers. Still, their prices are gauged at wholesale rates. And the quality of the "goods" is above criticism. We feel certain of this because we have tasted 'em.

Prof. Laborde's Formula for the treatment of la grippe and pneumonia has obtained much favor in France, and is superseding the coal tar products on account of the latter being, in most instances, heart depressants. Labordine (formerly called Analgine-Laborde) is a purely vegetable product, manufactured from the original formula, and may be depended upon as a reliable antipyretic and anodyne, with none of the objectionable qualities of the coal tar products. Physicians unacquainted with this preparation, may obtain sample without cost, by applying to the Labordine Chemical Cie, St. Louis.

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